



The Association of Surgeons in Training

Conclusions: The introduction of colorectal cancer screening has increased the number of '2-week-wait' referrals. This will further increase the pressure on endoscopy services and will affect the hospital's ability to meet government treatment targets. This should be considered when organising cancer services.

BARNSELY BOTTOMS SIT ON THEIR SYMPTOMS

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Bowel Cancer is the third most common cancer in the UK. Faecal occult blood testing has been shown to be effective in reducing Colorectal Cancer mortality by picking up early stage cancers in asymptomatic patients. Bowel Cancer Screening was started in Barnsley in February 2007 and was predicted to identify four cancers every year. In nine months we identified twelve patients with bowel cancer and one with a large tubulo-villous adenoma, all requiring surgery. Our impression following patients' initial consultation was that the majority of these were in fact symptomatic. Retrospective case note review (10 male; 3 female; mean age 67) confirmed that nine of the thirteen patients had symptoms or signs meeting requirements for urgent referral under NICE guidance. We demonstrated that over two thirds of patients diagnosed with major pathology from Bowel Cancer Screening in this area had symptoms or signs which should have mandated referral via the Two Week Wait protocol. The large number of cancers identified strongly suggests that patients in this area are not presenting to their General Practitioners, or that they are not being appropriately referred. We ask: Should we be concentrating on patient and primary care education along side bowel cancer screening?

LOW RATES OF RECTAL CANCER LOCAL RECURRENCE SUPPORT HIGHLY SELECTIVE USE OF PREOPERATIVE RADIOTHERAPY

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Introduction: Over the last two decades, rectal cancer local recurrence rates have been reduced by total mesorectal excision. Pre-operative radiotherapy also reduces local recurrence. However, pelvic radiotherapy causes significant morbidity. In this hospital pre-operative radiotherapy is reserved for patients with a threatened circumferential recurrence margin.

Aim: To assess the local recurrence rate within a highly selective preoperative radiotherapy policy to see if this approach is justified.

Methods: Data were extracted from a prospectively maintained database for the five-year period between 2003–2007 including the number of patients with rectal cancer, use of pre-operative radiotherapy, operation type and incidence of local recurrence.

Results: During this period 87 patients were diagnosed with rectal cancers, 60 males and 27 females. The mean age at diagnosis was 67 years. Twelve patients (14%) received pre-operative radiotherapy as part of a downstaging chemoradiotherapy protocol. Follow-up was for between 2–7 years. There were 6 cases of local recurrence (7%). None of these patients had received pre-operative radiotherapy.

Conclusion: The local recurrence rate in this series is low and compares favourably with published local recurrence rates. This audit supports the hospital's policy of highly selective use of pre-operative radiotherapy as part of a downstaging chemoradiotherapy protocol.

CAN INJURY SEVERITY CLASSIFICATION SCORES ACCURATELY PREDICT LONG-TERM FUNCTIONAL OUTCOME IN OPEN TIBIAL FRACTURES?

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Introduction: Open fractures are generally the result of high-energy insults and threaten limbs and even life. To guide optimal Ortho-Plastic management, fracture classification systems have been developed. Similarly, with increasing modern demands on healthcare services, providers are required to illustrate their successes and thus scoring systems have been developed to review long-term outcome and ensure management is optimal. Though well studied, these systems are rarely assessed in tandem. This study therefore aims to examine links between the systems, using open tibial fracture data.

Methods: Patients were identified using the Morriston Hospital OLEF database, which records validated Gustillo-Anderson grading and Ganga Hospital Scores for fracture classification. Patients were followed-up and asked to complete the Enneking and EuroQoL-5D outcome assessment tools.

Results: No definitive patterns were evident on simple visual analysis, suggesting any relationship between the variables is, at best, a weak one. Statistical analysis confirms this, with Pearsons r-values of 0.028 (G+A:EQ-5D), -0.077 (GHS:EQ-5D), -0.142 (G+A:Enneking) and -0.018 (GHS:Enneking).

Conclusions: Since the severity:outcome relationship is generally accepted, and classification systems are well validated, these results suggest the assessment tools available are inadequate for the task. This study therefore illustrates the need for a more focussed outcome assessment tool for open fractures.

MORTALITY IN THE ELDERLY AFTER EMERGENCY SURGERY

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Introduction: Emergency surgical procedures are increasingly performed in the elderly, though the mortality rates are not accurately reported. We present our experience of mortality outcomes in elderly surgical patients, from a single district general hospital.

Methods: Data of all surgical patients requiring emergency surgery over a two year period (2007–2009), aged 75 years or more, were collated from case notes and the hospital OPCS coding database. The length of hospital stay including HDU/ITU admission, ASA status and in-hospital mortality and morbidity were recorded.

Results: 101 patients were identified, of which 54 were female and 47 were male. The mean age was 82 (75–94) years. The average length of hospital stay was 19.8 days. 85% of patients had an ASA score of 3 or 4 of which 39% had an HDU/ITU stay. The in-hospital mortality rate was 31%.

Discussion: Surgical procedures varied from laparotomies with bowel resection, to major vascular procedures including open AAA repairs. Age, undergoing emergency surgery, and ASA score predicted mortality across all age groups. Cardio-respiratory complications accounted for more than 80% of morbidity and mortality rates. Though several risk factors are implicated, increasing age in itself remains an important risk factor for postoperative morbidity and mortality.

AUDIT OF SELF-EXPANDING METALLIC STENTS AT ROYAL BOLTON HOSPITAL

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